Ħ													<u> </u>
<i>Ezi</i> Dara Campodi Alettonel Chera Dinest	105-031	PATENT A	PPLICATIO Effecti		ON RECORD			Application or Docket Number 10/031536					
reara Fear							s			NTITY	OTHER THAN		
55 H	CLAIMS AS			(Column 1)		(Column 2)			TYPE		OR SMALL ENTITY		
ı	TOTAL CLAIMS								RATE	FEE]	RATE	FEE
	FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FE		OR	BASIC FEE	1040
를 :	TOTAL CHARGEABLE CLAIMS			19 18 inus 20=		*			X\$ 9=		OR	X\$18=	
	INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84=	
	MULTIPLE DEPENDENT CLAIM PRE			RESENT	SENT			+140=			OR	+280=	
	* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	-	TOTAL		OR	TOTAL	
	10	The state of the s			(Colur	mn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
	AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	_	RATE	ADDI- TIONAL FEE
		Total	<u>· 18</u>	Minus	** 5	<u>W</u>	=		X\$ 9=		OR	X\$18=	/
		Independent	* 1 NTATION OF MU	Minus	***	<u> </u>			X42=		OR	X84 <u>≤</u>	
		29.	NIATION OF ME	JETIPLE DEP	CINDEIN	CLAIM			1 140=.		OR-	+280=	
	300-200	Ara du					,		TOTAL	B	OR	TOTAL ADDIT. FEE	
	DP	6414T04	(Column 1)		· (Colu	فقين فينسأه والمراقع المراقع	(Column 3)				•		
	MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST BBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	NO NO	Total	. 19	Minus	** 🗳	0	= /		X\$ 9=		OR	X\$18=	
		Independent	.1	Minus	***	3		l l	X42=		ΛP	X84=	
		FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		┇┞		1			
	39,							Ł	+140=		OR	+280=	
								A	TOTAL ODIT FEE		OR	TOTAL ADDIT. FEE	
a	 	1 mg	(Column 1)		Training the Contract of the C	mn 2) HEST	(Column 3)	1 _	•		-		·
SAME STANDOLOGICAL	ENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	18ER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
1 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 5 5 5 5	Š	Total	*	Minus	***		=	Jſ	X\$ 9=		OR	X\$18=	
ું મુ		Independent		Minus	444		_	1 F		 	l *''		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

TOTAL ADDIT. FEE OR ADDIT. FEE OR

FORM PTO-875 (Rev. 8/01)

OR

OR

+140=

X84=

+280=

TOTAL ADDIT. FEE